

ISSUE STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PH	2059	4/14
O.I.P.E. CLASSIFIER		10	4/18/99
FORMALTY REVIEW	DB	20014	4/29/99

INDEX OF CLAIMS

✓ _____ Rejected
 - _____ Allowed
 (Through numeral) _____ Canceled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Filed	Original
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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